perhaps, to follow up in this very room during a period of years scores of cases of a similar nature! He has been a sensible fellow, has not only kept his notes, but has studied them. He has collated his experience, and he can give you advice what to do with that little boy that repays you a thousandfold for any trouble or any expense you may have had in connexion with the hospital. Or take another case—your little girl has a sudden attack with abdominal pain. You know that with one of the surgeons of this hospital she is in the hands of a man who has had long experience in just such cases, who has studied them accurately, who knows the possibilities, and who has the necessary judgement to determine if an operation is necessary, and, if it is, the technique to carry it out. In the benefit of the accumulated experience of a group of physicians and surgeons the public who subscribe to the hospitals are repaid a thousandfold.

And, lastly, may I refer to one important point, as this city aspires to be the medical centre? The hospital should become part of the university system. After all, it is a great laboratory in which we collect for rectification the experiments which Nature makes upon us. The study of disease is just as much a part of university work as is the study of mathematics, and a close affiliation of the two institutions is the best guarantee of that combination of science with practice which it is the right of people at the present day to demand.

THE FUTURE OF THE VOLUNTARY HOSPITAL AND ITS RELATION TO A REFORMED POOR-LAW MEDICAL SERVICE.

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ALL those who are interested in the future welfare of voluntary hospitals must await with some anxiety the recommendations on medical matters which will be made by the Royal Commission on the Poor Law. That drastic changes will be proposed seems inevitable. There is a growing feeling that the present arrangements of the Poor Law are unduly harsh to those who are poor because they are sick. The great danger of making pauperism a popular profession has been so constantly present to the minds of legislators that in all departments of Poor-law work a certain measure of sternness has been maintained which has necessarily pressed hardly on those who are meritorious though unfortunate. When the misfortune which leads the applicant to seek Poor-law relief is ill health a sympathetic public rightly insists that the greatest consideration shall be shown him. Political disfranchisement which follows Poor-law assistance in other cases is not entailed on those who obtain merely medical relief. Nevertheless, the charitable public are so distressed that the sick should have to apply for this assistance through the ordinary Poor-law channels and should suffer the moral taint, though not the legal disabilities of pauperism, that they actively compete by means of their voluntary charities with the free medical assistance offered by the State to all those unable to pay for it. It is regarded as almost intolerable that a sick person who is not already an official pauper should be compelled to call in the services of the Poor-law medical officer. This feeling, which is so largely responsible for the magnificent voluntary medical charities in Great Britain, is likely to guide the Poor Law Commission in recommending that the taint of pauperism shall be removed altogether from State medical assistance. It thus, indeed, seems possible that the strong sympathy with the sick which is now keeping up our voluntary medical charities, may, by forcing beneficent changes in our Poor-law medical service, set up a competitive system which will ultimately destroy the medical charities themselves. This is, perhaps, a perfectly logical evolutionary step, and something very like it may be seen in full activity at the moment in connexion with public elementary education. The process of replacing charity schools by publicly provided institutions appears to be a painful one, and to cause a serious disturbance in the friendly relations of many admirable persons. It is well, therefore, that those interested should look ahead and take all reasonable precautions to avoid similar disturbance and strife in perfecting the arrangements for the medical relief of the sick poor. In this article it is proposed to point out a way in which the good work at present done by voluntary medical charity can be established on such a firm basis of co-operation with the work done by the Poor-law medical service, that no improvement of this service can put it in dangerous competition with charity, or render voluntary effort unnecessary.

At present it must be admitted that no clear line can be drawn between the spheres of activity of voluntary charity and the Poor-law medical service. An Englishman finds it very difficult to explain to a foreigner the factors which determine whether a poor patient in any large town should find his way into the general hospital or the Poor-law infirmary. At either end of the scale the cases are clear. The casual labourer on the borderland of starvation, frequently in sight of the workhouse, will in any chronic illness certainly become an inmate of the Poor-law infirmary. On the other hand, a clerk in good, regular employment but with no margin for emergencies, will naturally be a suitable case for the voluntary hospital when a surgical operation becomes suddenly necessary. But between these two typical cases there are innumerable instances in which the question as to which institution shall receive the patient is decided by the merest chance. In certain acute illnesses even the workhouse habitué may find himself in the hospital, whilst the clerk, after a few months' chronic or incurable illness, may be transferred to the Poor-law infirmary.

It is this want of definition in the respective spheres of work of the two institutions which should make those who are interested in the maintenance of voluntary hospitals recognize that the future of these institutions will be seriously endangered when any serious step is taken to extend and perfect the system of State or rate supported infirmaries. At present the chief dividing line, vague as it is, is an economic and not a medical one. Some have endeavoured to make a distinction between temporary and permanent economic stress in connexion with ill health and have thought that charity should deal only with those who, when restored to health, will again become capable of maintaining themselves. The philanthropist finds it hard to accept the position that the permanence of an undeserved affliction should place the sufferer in a less favoured class than his more temporarily indisposed colleague, and under existing conditions there is no general agreement as to the test of admission to the voluntary hospital. But as soon as the so-called taint of pauperism is removed from the public hospital supported by the State—and there can be little doubt that this is the ultimate goal of those interested in Poor-law reform—it becomes possible to employ a far easier and more satisfactory means of differentiating between cases suitable for admission to the two institutions. The economic distinction may be abandoned and a medical basis frankly accepted. The severity, difficult, or complicated character of the patient's illness should be the sole determining factors in his eligibility for admission to or retention within the hospital supported by charitable funds. The State should provide in its hospital or infirmary for the efficient treatment in all ordinary illnesses of those poor patients who are unable to pay for it, while the philanthropic public, assisted by the medical profession as at present, should provide in their voluntary hospitals more elaborate specialized treatment for such exceptional and difficult cases as are medically recognized to require it.

Thus the State infirmary and the charitable hospital would work side by side, each with its own recognized and defined sphere of action. Transference from one to the other would not be hampered by sentimental or financial considerations. Each could be developed to the highest pitch of efficiency in its own special line of work. The hospital would be the consultative institution to a group of infirmaries. The highest resources of general practice would be developed in the infirmaries, and the highest resources of specialism in the hospitals. No doubt the infirmaries would constantly be aspiring towards the efficiency of the hospitals, but the hospitals would as surely be moving forward to higher flights of specialism. The essence of the proposal is the frank recognition by the charitable public of the fact that the State can

be trusted to provide on satisfactory terms ordinary medical treatment in all ordinary illnesses for those who cannot afford to pay for it, and that the public out of their charity will provide for the same class of patient the more costly and elaborate investigation and treatment which may be necessary in special circumstances. This differentiation of the work proper for the State and for charity is no fancy distinction drawn for the purpose of maintaining the voluntary institution against the powerful competition of the State. It is a division of work that flows naturally from the development of specialism in medicine. It would be desirable even if the infirmaries and the hospitals were both entirely supported by the State. This division can be seen in its complete development in the arrangements of private medical practice amongst the wealthiest classes of the population in all civilized countries. In ordinary illnesses the wealthiest citizen is treated by a general practitioner, and when serious emergencies arise the services of consultants or specialists are called in in addition. In fact, whatever may be the future of the Poor-law medical service, and however the present workhouse infirmaries may be altered or developed, there is a growing recognition of the fact that our voluntary hospitals should become consultative institutions. To use them as we do now, as direct competitors with the Poor-law medical service, with provident dispensaries and clubs, and with the private practice of general practitioners, is to hamper the work of the hospital and to prevent the efficient development of the institutions with which it competes. Even should no reform in the Poor-law medical service take place, this changed attitude of the hospitals to other medical agencies is urgently needed in the interests of all parties concerned. It will be doubly needed when the expected reforms are achieved, for unless the voluntary hospital becomes a consultative institution there will be no sufficient reason for its existence as an independent establishment, and it must ultimately fail to obtain sufficient support from the charitable public who will be providing precisely similar institutions by their enforced contributions to the rates and taxes.

It is, perhaps, desirable here that a few words should be said as to the practicability of using the hospital as, so to speak, a special ward of the infirmary. Is it possible for cases admitted to the infirmary, and found to be on medical grounds suitable for the hospital, to be transferred to the other institution, and vice versa? There are only two difficulties to be overcome—the physical one of transit and the administrative one of the selection of suitable cases. The development of the mechanical art of transit by means of motor traction and lifts is fast reducing to a minimum the cases which are too ill to move. It is a daily experience for wealthy patients, whilst seriously ill, to be transferred by ambulance to nursing homes, in order that complicated operations may be performed under suitable conditions. Some objections would no doubt at first be raised by active and keen superintendents of Poor-law infirmaries to the removal of what they might call their more interesting cases. But no individual considerations of this sort could for a moment be allowed to stand in the way of the general good, nor would any real difficulty be found in persuading a public-spirited body of servants to carry out loyally the wishes of the community. There are at the present time numerous cases in the infirmaries which would benefit by the more thorough investigation and active treatment which could be alone obtained in a hospital staffed by specialists, and aided by their students and clinical assistants. On the other hand, there are many cases in the hospital which could be quite as efficiently treated and nursed in the wards of an infirmary. The inmates of both institutions would profit by an efficient method of classification and transference on a purely medical basis.

Hitherto we have considered the relations of the two institutions only so far as in-patients are concerned. The out-patient problem is even more insistent, but fortunately can be dealt with on almost identical lines. In our great cities, and especially in the metropolis, the vast out-patient departments of the voluntary hospitals, with their ever-open doors offering gratuitous treatment to all comers, are a standing obstacle to any efficient reform of the home treatment of the sick poor. No organization of provident dispensaries or public medical service, no system of mutual insurance for medical attendance, no scheme based on thrift supplemented by State aid, can hope successfully to compete with the open hand and high prestige of the great voluntary hospitals. But these great institutions, while preventing the proper development of other agencies, are quite unable efficiently to fill their places. They cannot carry their services to within reasonable distance of every patient's door, nor can they follow the patient to his home when too ill to attend at the out-patient department, and not ill enough or suitably ill for admission to the wards. By their competition they demoralize and stifle institutions manned by general practitioners, which with the proper co-operation of the hospitals would be able to provide all that is required by the sick poor in the most populous and least wealthy districts. A first and necessary step in all schemes for improving the conditions of medical treatment of the poor is the restriction of hospital out-patient departments to consultative work.

No case should be admitted to the out-patient department which is not already under medical care and has been found to require more elaborate investigation or more specialized treatment. Thus in the out-patient department would be recognized the same principle that has already been suggested with regard to the in-patients. The hospital throughout would be organized on the basis that it was expected to deal only with difficult and special cases. The consultants and specialists which it attracted to its staff and the students which they in their turn attracted to their teaching departments would be provided with material worthy of their efforts. Highly specialized instruments would not be spoilt by being used for common purposes. The science and art of medicine would be profiting by well-organized specialization, medical knowledge would be promoted, medical education directed in proper channels.

The development of the hospital out-patient department as the poor man's consultative institution is no mere idealism. In some suburban hospitals the method has already been thoroughly organized, and is working well. A vicious circle, which can only be broken by concerted action, alone stands in the way of its general adoption. Most hospital authorities object that they cannot make their out-patient departments purely consultative because there are not enough properly organized institutions to carry out the ordinary treatment of the patients it would be necessary for them to refer elsewhere. They point to the dearth of provident dispensaries and to the inefficiency and unpopularity of the outdoor Poor-law medical service as reasons for their undertaking themselves the wholesale treatment of trivial ailments. As a matter of fact it is almost entirely due to the unrestrained competition of the hospitals that the Poor-law medical service has been so long allowed to remain in its unsatisfactory condition and that the provident dispensary organization is unable to make headway. It is, therefore, most opportune, when a serious attempt is likely to be made to place the outdoor medical service at present carried on by the Poor Law upon an entirely new footing that the hospitals should carefully consider the wisdom of greatly restricting their out-patient work and co-ordinating it with the remodelled public service. It has often been urged that the sympathy and support of the public would be alienated if the hospitals were unable to point to the hundreds of thousands of sick poor who yearly receive medical aid in their out-patient departments. But it is doubtful whether this indiscriminate charity with its inevitable overcrowding, delays, and abuses of many sorts, is so popular with the thinking public as some hospital managers suppose. While some defend the present system on the ground of its power of attracting subscriptions from the public, others assert that a host of out-patients is necessary in the interest of medical education. From a considerable experience as a teacher of medicine in out-patient departments, I am confident that such an assertion is unwarranted by the facts. Selection and discrimination of patients is essential to efficient clinical teaching, and no more successful method of selection can be devised than by making the out-patient department a consultative institution for poor patients in private practice, in provident dispensaries, or in public medical services.

The lines of reform which should be followed in recasting the outdoor medical service of the Poor Law cannot be here entered upon, further than to hint that

a Government subsidy to a reformed provident dispensary system would appear to form a sound basis for further developments. However this may be, a necessary feature in any perfect scheme is the provision for some means of securing consultative advice and specialized treatment in exceptional cases. The out-patient department of the voluntary hospital as an existing agency would appear to be well fitted for such work. A little consideration will, however, show that the out-patient department cannot properly fulfil the two-fold part of competition and co-operation with the publicly-provided service. In the interests of a satisfactory development of both systems, it is urgently to be desired that the charitable public should cease to compete with general practitioners and with the State in providing ordinary treatment for ordinary illnesses, and should restrict its activity to providing special services for difficult and complicated cases. The public can hardly be expected to see the advantage of this proposal unless it is clearly pointed out to them by the profession, and I therefore venture to submit these few points in favour of it for the consideration of my medical colleagues.

GENERAL HOSPITALS AND THE PROVIDENT SYSTEM.

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AMONG the many questions that have occupied the attention of hospital experts for the last twenty years there is not one that has proved so difficult to solve as the establishment of satisfactory relations between out-patient departments and provident dispensaries. Congresses and committees have discussed the subject over and over again, and have generally agreed that the unrestricted access to hospital out-patient departments is wrong in principle and that some sort of amalgamation with provident dispensaries should be established. It has further been agreed that the average out-patient can afford a few pence towards the cost of his medicine or his dressings, and one or two hospitals have enforced such a contribution, but the authorities of most hospitals are averse to any system of payment.

Many methods have been tried, excellent in theory but wholly unworkable in practice, and among these may be classed the system of referring patients who can afford to pay, to the local dispensaries. Such a plan has been repeatedly suggested, but it has equally often been demonstrated that the best powers of persuasion, even of the modern lady almoner, are exercised in vain. The patient will not pay a fee to a dispensary if he can get treatment at a hospital for nothing.

These plain facts are perfectly well recognized and have been before the authorities of hospitals and dispensaries for a generation, but no really workable plan has yet been found.

Until some substantial advantage can be offered to the average out-patient to induce him to join a provident dispensary he is not likely to join one.

The idea of utilizing the provident dispensaries as feeders to the out-patient departments of hospitals does not seem to have been entertained by any of the numerous committees that have tried to deal with the subject. One and all appear to have recommended reference from the hospital to the dispensary, in spite of the accumulated evidence of its futility. The time would appear to be ripe for the discussion of the opposite aspect of the question.

The idea of receiving payment has been shown to be repugnant to the managers of most hospitals, but there can be no such repugnance in the case of the provident dispensary. Hospital managers admit that the bulk of their out-patients are recruited from the same classes as those of the dispensaries, and, being willing to send their patients who can afford to pay a little to these institutions, why should they not in turn receive patients from them? By offering substantial advantages to patients so received they might gradually make it worth the while of the moderately poor in their district to join the dispensary as the surest way of obtaining satisfactory attention at the hospital. It is well known that at most of the large general hospitals the greater number of applicants for out-door relief are not seen by the honorary medical staff at all. A limited number of selected cases are seen by them, but the remainder are examined and treated only by the junior staff. They receive a supply of physic or dressing to last a week, and are not seen again.

If, now, this work of selection and treatment were done by the officers of a provident dispensary affiliated to the hospital, the supply of cases to the out-patient staff would be unaffected, while the larger crowd of less urgent cases would receive more continuous treatment, together with the certainty that their case could be referred for consultation with the hospital staff if occasion should require it. The work of the out-patient department, as such, would not be interfered with, but the provident dispensary would become the portal to it, instead of the "open door" as at present.

Such a plan could only be introduced very gradually, and at first it would obviously need some special inducement to persuade the out-patient, who had been in the habit of obtaining his medicine for nothing, to become a subscriber to the provident dispensary. Such an inducement might take the form of priority of attention over the non-subscriber, shorter periods of waiting, etc., until the system had become established as the customary means of entry to the out-patient department.

A subscription at the rate of one penny a week, paid in health as well as in sickness, has generally been considered sufficient, but difficulties of collection of such small sums must be considerable, and it would probably be advisable to permit compounding for longer intervals.

Objection might be raised that such a method of selection by the officers of the dispensary would tend to lessen the value of their appointments to the junior officers of the hospital, who would otherwise undertake such duty. This, however, could be met by a rearrangement of the duties of the junior officers.

So radical a change as the introduction of a provident dispensary as a part of a general hospital would, at first sight, seem too revolutionary to put before well-established boards of management whose proceedings are for the most part regulated by tradition and precedent. But without going far afield the essentials of the system which is here suggested may be found to be in actual working, although under different names. The system of registration on payment of a fee entitling the subscriber to a definite period of treatment was established many years ago at the Queen's Hospital in Birmingham, while the method of selection of out-patients by an officer (actual or potential) of a local dispensary has been found to work quite smoothly in North London.

The scheme of amalgamation here suggested would thus involve, in the first instance, the establishment of a provident branch as a part of the out-patient department of every large general hospital. Poor persons, undertaking to pay a registration fee or weekly subscription throughout the year, to be entitled to priority of treatment and special privileges with respect to admission to the hospital when necessary. Only the serious or acute cases to be admitted free. The dispensary branch to be officered by local practitioners, where possible, appointed by and responsible to the hospital committee. The junior out-patient staff of the hospital to assist in the work of selection of cases to be passed on to the honorary officers of the hospital and in the treatment of the remainder. The specially-appointed officers of the dispensary to have full responsibility for the work done in their department, with or without such assistance.

The practical influence of the system of priority, aided by the persuasive powers of the almoner, might be trusted in a short time to bring about the transference of the great bulk of the out-patient applicants to the dispensary branch, and so it would become the recognized portal of entry to the hospital.

To sum up the advantages to be gained by such a transference, the patients would secure adequate investigation, as at present, but they would no longer be open to the suspicion of abusing the benefits of the charity, since they would materially contribute towards their cost, while at the same time they would secure continuity of treatment with a right of appeal to the hospital if dissatisfied. The local knowledge of the officers of the dispensary and the trained experience of the almoner should suffice to check any attempted imposition.